IN THE UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

In re:	)	
James Wanda & Wanda Hunt,	)	15-18055-elf
Chapter 13 Debtor.	)	

SUGGESTION OF DEATH: WANDA HUNT

The death of Ms. Wanda Hunt, co-debtor, is hereby suggested upon the record.

April 26, 2021

BILLION LAW

Mark M. Billion (PA Bar No.315152)
22 New Road
Wilmington, DE 19805
Tel: 302.428.9400
Fax: 302.450.4040
markbillion@billionlaw.com

Counsel for the Debtor

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

e for this certificate: $20.00

P 27071143

Certification Number

This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

N. Allison 9/1/20

Local Registrar — Date Issued

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

State File Number: 381631-2020

1. Decedent's Legal Name (First, Middle, Last, Suffix): Wanda L. Hunt
2. Sex: Female
3. Social Security Number: [redacted]
4. Date of Death (Month dd, yyyy): August 05, 2020
5a. Age-Last Birthday (Yrs): 55
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. Date of Birth (Mo/Day/Year) (Spell Month): November 20, 1964
7a. Birthplace (City and State or Foreign Country): Folsom, Pennsylvania
7b. Birthplace (County): Delaware
8a. Residence (State or Foreign Country): Pennsylvania
8b. Residence (Street and Number - Include Apt No.): 334 S Morris Avenue
8c. Did Decedent Live in a Township? ☐ Yes, decedent lived in ____ twp. ☒ No, decedent lived within limits of Crum Lynne city/boro.
8d. Residence (County): Delaware
8e. Residence (Zip Code): 19022
9. Ever in US Armed Forces? ☐ Yes ☒ No ☐ Unknown
10. Marital Status at Time of Death: ☐ Divorced ☒ Married ☐ Never Married ☐ Widowed ☐ Unknown
11. Surviving Spouse's Name (If wife, give name prior to first marriage): James Hunt
12. Father / Parent's Name (First, Middle, Last, Suffix): Theodore Rothwell
13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix): Mary E. Frame
14a. Informant's Name: James A. Hunt
14b. Relationship to Decedent: Spouse
14c. Informant's Mailing Address (Street and Number, City, State, Zip Code): 334 S Morris Avenue Crum Lynne, PA 19022

15a. Place of Death (Check only one): If Death Occurred in a Hospital: ☐ Inpatient ☒ Emergency Room/Outpatient ☐ Dead on Arrival. If Death Occurred Somewhere Other Than a Hospital: ☐ Nursing Home/Long-Term Care Facility ☐ Hospice Facility ☐ Other (Specify) ☐ Decedent's Home
15b. Facility Name (If not institution, give street and number): Crozer-Chester Medical Center
15c. City or Town, State, and Zip Code: Upland, Pennsylvania 19013
15d. County of Death: Delaware
16a. Method of Disposition: ☐ Removal from State ☐ Burial ☒ Cremation ☐ Donation ☐ Other (Specify)
16b. Date of Disposition: August 19, 2020
16c. Place of Disposition (Name of cemetery, crematory, or other place): Ashes To The Wind Crematory
16d. Location of Disposition (City or Town, State, and Zip): Chester, Pennsylvania
17a. Signature of Funeral Service Licensee or Person in Charge of Interment: Kyle T Rawls (Electronically Signed)
17b. License Number: FD138157
17c. Name and Complete Address of Funeral Facility: Earl L. Foster Funeral Home 1100 Kerlin Street Chester, Pennsylvania 19013

18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death.
☐ 8th grade or less ☐ No diploma, 9th - 12th grade ☒ High school graduate or GED completed ☐ Some college credit, but no degree ☐ Associate degree (e.g. AA, AS) ☐ Bachelor's degree (e.g. BA, AB, BS) ☐ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) ☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.
☒ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (Specify) ____

20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be.
☐ White ☒ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Other (Specify) ____ ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander

21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be.
☐ White ☒ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Don't Know/Not Sure ☐ Refused ☐ Other (Specify) ____

22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED.: Customer Service Representative
22b. Kind of Business/Industry: DB Schenker

ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH
23a. Date Pronounced Dead (Mo/Day/Yr): August 05, 2020
23b. Signature of Person Pronouncing Death (Only when applicable)
23c. License Number
23d. Date Signed (Mo/Day/Yr)
24. Time of Death: 19:46
25. Was Medical Examiner or Coroner Contacted? ☒ Yes ☐ No

CAUSE OF DEATH

26. Part I. Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. multiple myeloma	3 years
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	b.	
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	
	Due to (or as a consequence of):	

26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I
27. Was an autopsy performed? ☐ Yes ☒ No
28. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No
29. If Female: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
30. Did Tobacco Use Contribute to Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
31. Manner of Death: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
32. Date of Injury (Mo/Day/Yr) (Spell Month)
33. Time of Injury
34. Place of Injury (e.g. home; construction site; farm; school)
35. Location of Injury (Street and Number, City, State, Zip Code)
36. Injury at Work: ☐ Yes ☐ No
37. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) ____
38. Describe How Injury Occurred:

39a. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one):
☒ Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Signature of certifier: MATTHEW FREDERICK COHEN (Electronically Signed) Title of certifier: MD License Number: MD423464
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26): MATTHEW COHEN, 1 Medical Center Blvd Upland, Pennsylvania 19013
39c. Date Signed (Mo/Day/Yr): August 18, 2020
40. Registrar's District Number: 23-234
41. Registrar's Signature: Nettie P Allison (Electronically Signed)
42. Registrar File Date (Mo/Day/Yr): August 19, 2020
43. Amendments

Disposition Permit No. E255717

H105-143 REV 11/2017-E

Type/Print in Permanent Black Ink

To Be Completed/Verified By: FUNERAL DIRECTOR

To Be Completed By: MEDICAL CERTIFIER

ALIAS USED

NAME OF DECEDENT: Wanda L. Hunt